

BLUE BADGE REVIEW GROUP REPORT – EMERGING RECOMMENDATIONS

The purpose of this document is to provide the Minister with advice and recommendations on the inclusion of people with cognitive impairments within the Blue Badge scheme and wider aspects of the scheme where appropriate.

It is worth noting that recommendations contained in this report will lead to Wales leading the way within the UK.

The main recommendations made by the group are:

- 1. Amend regulations to extend the current eligibility criteria to include people with cognitive impairments, who are unable to travel safely and independently, by April 2014. This will include service veterans in receipt of the highest tariff for mental disorders under the Armed Forces Compensation Scheme (AFCS).**
- 2. Instruct local authorities to no longer use General Practitioners' (GPs) assessments to support blue badge applications, and promote the use of the assessment toolkit by April 2014.**
- 3. Recruit seven Blue Badge Ambassadors, one for each Local Health Board. They will assess badge applications for people with cognitive impairments and provide independent advice across Wales to enhance consistency of decision making. They will need to be in post to support the amended eligibility criteria.**
- 4. The Group recognise that enforcement is key to the success of the scheme. The Group recommends that the Blue Badge Ambassadors will need additional support within their office to ensure enforcement is prioritised. This will mean the appointment of more enforcement officers.**
- 5. Introduce a dedicated application form for people applying under the discretionary cognitive impairment or safety criteria, with a focus on using plain and simple language.**
- 6. Develop guidance that is robust and not open to interpretation.**

This report has been prepared by the Blue Badge Review Group (the Group) under the Chairmanship of Robert Lloyd Griffiths, Director Wales, Institute of Directors and its members:

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i. Information

The members of the group provided a wide range of knowledge and expertise on a highly specialised area concerning people who have a range of cognitive impairments.

The Welsh Government Blue Badge team provided background information on the scheme along with the information and research gathered since 2010 when the Welsh Government Action Plan¹ (the Action Plan) to modernise the scheme was introduced.

ii. Background

The Blue Badge scheme is to enable people who meet the eligibility criteria to access services and facilities. Currently the scheme is aimed at people with mobility; arm and sight impairments; and children under three years old who require the medical support of bulky equipment.

One eligibility criteria includes people who receive the Higher Rate Mobility Component of Disability Living Allowance (HRMCDLA) who can apply for a badge without further assessment. However, some people choose not to claim benefits and those over 65 years old cannot apply for HRMCDLA. In these cases people can apply for a Badge under discretionary criteria and are assessed by local authorities using the HRMCDLA criteria.

iii. Personal Independence Payment

The UK Government welfare reform programme is replacing Disability Living Allowance for people of working age with Personal Independence Payment (PIP). PIP is currently being introduced and there is very little information beyond projected numbers about who will be eligible or the key characteristics to identify eligibility. PIP has two measures of mobility one of which considers physical mobility similar to HRMCDLA. The other is based on the ability of the person to plan and follow journeys so considers cognitive and sensory mobility.

¹ A Modern Blue Badge Scheme for Wales: Action Plan for key stakeholders, January 2010

One priority of the Action Plan was to consider extending the scheme to people with cognitive impairments. Regulations have been made in Wales so that people of working age, who receive PIP at the enhanced rate for planning and following a journey, will now be automatically eligible for a Blue Badge. The challenge for the Group is to recommend on what basis people not of working age can be assessed and issued with a badge if they had a cognitive impairment.

iv. Safety

At the very heart of the consideration of the Group is concern for the safety of people with cognitive impairments. The Group recommended that eligibility for a Blue Badge include people with cognitive and sensory impairments who are identified because their safety is of concern.

People with cognitive impairments are more often physically mobile. However, they may demonstrate a wide range of behaviours which can impact on their safety and the safety of their carers or chaperones, for example, erratic response, sensory overload and failure to identify risk or take action to avoid risks. It is therefore important to identify those people with behaviours that present a risk to themselves and others². A Blue Badge would allow the identified group to get closer to their destination and therefore reduce that risk.

The Group acknowledged the relevance of both the social and medical models but the safety of the person related to their underlying condition is paramount. Examples of the conditions that should be considered when the eligibility criteria is extended to people with cognitive impairments are:

- Learning disabilities;
- Autistic Spectrum Disorder;
- Dementia and Alzheimer's;
- Parkinson's;
- Stroke victims; and
- Mental Health.

The Group have identified that by including people under the proposed 'safety' criteria, Wales will be leading the way within the UK in introducing a very welcome change to the scheme for the groups they represent.

The Group feel strongly that eligibility under the proposed 'safety' criteria should not be restricted by age or whether applicants are the driver or passenger. The criteria should also include people with hearing impairments as their safety can be

² Extending Eligibility Criteria for a Blue Badge to People with Cognitive Impairments, Halcrow, 2012

compromised. People who have visual impairments are already included under the current automatic eligibility criteria.

v. Assessment and identification

The Group considered how the assessment of applications made under cognitive impairments could be undertaken and identified a wide range of options. A number of these were discarded because there is a shortage of qualified practitioners. Other options were identified as lacking objectivity. Some examples of potential assessors are given below:

- Social Care Teams
- Third Sector
- Community Psychiatric Nurse
- Special Educational Needs Coordinator
- Occupational Therapists
- General Practitioners

To ensure that assessments are made both consistently and objectively the Group recommend that a person should be appointed to fulfil the role of a Blue Badge Ambassador (BBA) within Local Health Boards (LHB). This will result in seven BBAs being recruited across Wales who will make consistent decisions and become 'experts'.

The role of the BBA would be to undertake discretionary assessments for badges from people with cognitive impairments who live within the area covered by a LHB. Further they will undertake desk-based assessments on behalf of local authorities unable to make a decision for example in the case of complex conditions. Other tasks would include the review of decisions made by other Ambassadors and local authorities across Wales. It would introduce peer review and quality assurance for decisions made by each other.

It will be essential for Ambassadors to sit within LHB areas as this will provide them with access to both medical and mental health records to verify applications, and they may need to access further information from the third sector, education providers, and social services. It will therefore be important for Ambassadors to have a clear grasp of both the health and social impacts upon individuals arising from cognitive impairments.

The BBA would need to have specific skill set, qualifications and experience to reach decisions of awarding a badge. It is also recognised that the BBA will require comprehensive and detailed training. The Group have expressed a strong desire to contribute when developing and delivering a job profile and training package when recruiting and supporting the operation of these roles.

vi. Role of Local Authority

Local authorities (LA) are responsible for administering the Blue Badge scheme and as a consequence assess applications made under the discretionary eligibility criteria. It is recognised that the scheme delivery is fractured³ with local authorities using a number of delivery channels and assessment methods. There is significant reliance on information from the applicant's general practitioner (GP). Research has shown that GPs are not always objective⁴.

A priority of the Action Plan (see earlier foot note) was to improve assessment processes within local authorities and to this end the Welsh Government have been developing a toolkit to assist them. It has been identified that reliable⁵ assessments can be undertaken by local authorities using existing information from a number of sources.

There are a number of automatic criteria that that require no further assessment and that are passported by the benefit system and applicants can use their award letter from the Department of Works and Pensions to support their applications. However, local authorities are responsible for processing, and assessing, those applicants who fall under the discretionary criteria. The level of service and consistency sometimes depends on where the Blue Badge team sits within each authority, also the standard of staff training.

The Group has identified that the application system should be consistent across Wales with improved efficiency and effectiveness that provides value for money. The Group want agreed standards for the turn around times on processing and delivery of successful applications. They recommend that this is underpinned by the toolkit currently being developed.

In addition to consistency, there is a desire to simplify the service as well as greater signposting to the service and other services, such as the Concessionary Travel Scheme. The Group recommends that all information should be quality assessed under the plain English campaign and literature can be tested by end users by running 'Road Testing Workshops'.

vii. Role of General Practitioners

³ Further information can be provided

⁴ The Strategic Review of the Blue Badge Scheme: An independent report by Rob Smith, 2007

⁵ Care Services Efficiency delivery Programme Blue Badge Initiative Report, Department of health, 2006

Currently some LAs rely on GP assessments to verify the medical history in order to provide evidence that an applicant meets the eligibility criteria. The cost of these assessments can vary between £20 -£120 and in some cases is covered by the patient.

Data was collected on the costs of GP assessments for a Blue Badge in 2009/10, 16 local authorities responded and it was determined that nearly £600,000 was spent on GP assessments in just those 16 local authorities. The current system using GP assessments is recognised as being ineffective (see earlier footnote). The Group agreed that savings achieved by removing the GP from the process could offset the cost of the seven BBAs, alongside improved enforcement/"policing" of the Blue Badge Scheme.

viii. Role of Local Health Board

LHBs currently refund local authorities for the cost of GP assessments. One LA has established a Service Level Agreement with the LHB to secure the services of an Occupational Therapist to undertake desk based assessments for a badge.

ix. Armed Forces

The Group considered the issue of armed service veterans and serving officers who are of working age but unable to apply for PIP. In these cases veterans and serving officers can apply for Armed Forces Compensation Scheme (AFCS) which includes a category for 'Mental disorders'.

The group recommended that veterans and serving officers who receive AFCS under Mental disorders, tariff level 6, should be eligible for a Blue Badge without further assessment. This tariff level is awarded to people who have a permanent mental disorder, causing severe functional limitation or restriction.

x. Enforcement

The Group will need to consider that widening eligibility may impact on the available designated parking provision and how this is addressed by improved enforcement, robust assessment processes and the recovery of expired badges.

The Group felt strongly that there needs to be a consistent approach to Blue Badge Enforcement throughout Wales. Without a strong enforcement strategy, continued abuse would mean more genuine badge holders not being able to access goods and services. It was agreed that the prevention of such misuse should be the primary motivation for any enforcement action.

The Group agreed and recommended that all local authorities should adopt Civil Parking Enforcement Powers which will allow better enforcement and prosecution tactics. However, it was acknowledged that this would require funding but would be at

least subsidised with Parking Charge Notices, Fixed Penalty Notices and potential income from prosecutions.

The need for the correct equalities training of Civil Enforcement Officers, Traffic Wardens and other Authority empowered enforcement officers was highlighted and emphasised by the group. The Group strongly recommended this action..

The Group also discussed the potential of forming a central task force to lead and drive on matters of enforcement throughout Wales. Further research and understanding would be required as to the individual arrangement currently in place at each authority.

xi. Strategy and implementation

The Group also recommend:

- Finance implications include the cost of appointing seven Blue Badge Ambassadors within the LHBs which could be offset by savings in removing GP reports from the application process. Data was collected on the costs of GP assessments for a Blue Badge in 2009/10, 16 local authorities responded and it was determined that nearly £600,000 was spent on GP assessments in just those 16 local authorities.

- Establish a group to develop a job description to identify the required skill set for Blue Badge Ambassadors and a training pack for them to undertake the role. The persons recruited will be qualified practitioners who fully understand the social model and that the medical model cannot be used in isolation and a fuller holistic approach must be taken to assessment.

- The Blue Badge Ambassadors appointed will need to be trained to understand not only the needs of applicants but also the aims and eligibility criteria of the Blue Badge scheme.

- A dedicated application form will be required for people applying under the discretionary cognitive impairment or safety criteria and it is accepted that the form may not be completed properly. The Blue Badge Ambassador will be responsible for investigating individual cases through all service providers.

- In order to ensure improved service Welsh Government should measure outcomes and review what changes have been implemented annually and establish data to be collected.

- All marketing and communication will be written in plain language and evaluated by badge applicants and users.

- Consider a variation of life of a badge: extending the period for those with lifelong conditions and a simplified application process upon renewal; and consider temporary periods for those who experience mobility difficulties due to medical procedures.

- Establish a group to take forward the work to improve enforcement action against fraud and abuse.